

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)**

SERIAL NO.

10-009,541

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						61					
2		1					62					
3		2					63					
4		2					64					
5		0					65					
6		0					66					
7		0					67					
8		0					68					
9		0					69					
10		0					70					
11		0					71					
12		0					72					
13		0					73					
14		0					74					
15		0					75					
16		0					76					
17		0					77					
18		0					78					
19		0					79					
20		0					80					
21		0					81					
22		0					82					
23		0					83					
24		0					84					
25							85					
26		1					86					
27		1					87					
28		1					88					
29		1					89					
30		1					90					
31		1					91					
32		1					92					
33		1					93					
34		1					94					
35		1					95					
36		1					96					
37		1					97					
38		1					98					
39		1					99					
40		1					100					
41		1										
42		1										
43		1										
44		1										
45		1										
46		1										
47		1										
48		1										
49												
50												
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	21						TOTAL DEP.					
TOTAL CLAIMS	23						TOTAL CLAIMS					